

DIRECT DEBIT PAYMENT ALLOCATION



Community Credit Union Limited

Member Name: _____ Member Number: _____

Direct Debit Payment Amount: € _____

Direct Debit Frequency (W, F, M) _____

Commencement Date: _____

(As a minimum 8 banking days should be allowed before a NEW Direct Debit commences)

Please allocate my Direct Debit payment as follows:

Share Account € _____

CLUB Account € _____

Loan and Interest € _____

€
Loan 1
Loan 2
Loan 3

In addition, please allocate the remainder of my Direct Debit Payment (€ _____) as follows:

Member Number _____ Amount € _____ Shares/CLUB/Loan/Interest

Member Number _____ Amount € _____ Shares/CLUB/Loan/Interest

Member Number _____ Amount € _____ Shares/CLUB/Loan/Interest

Member Number _____ Amount € _____ Shares/CLUB/Loan/Interest

Member Signature. Date.

<u>Internal Use Only</u>	
Amended on LOCUS By: _____	Date: _____